ILLINOIS SUMMARY SHEET

FORM RF-3

Change in Compan	y's premium d	or rate level produced	by rate revision effective	5/1/2005

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or)**
1. Automobile Liability	,	
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other than Auto		
4. Burglary and Theft		
5. Glass		-
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
I0. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
I4. Crop Hail		
15. Workers Compensation	\$2,300,000	+0.02%
I6. Othe		
r	<u> </u>	
Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify

NO

Brief description of filing (if filing follows rates of an advisory organization, specify organization)

The intent of this filing is to advise the Illinois Department of Insurance of AmCOMP Assurance Corporation's delayed adoption of the Advisory Loss Cost for Domestic Terrorism, Earthquakes and Catastrophic Accidents. The final rate which is a combination of the loss cost and our loss cost multiplier, currently on file with the Department, will be applied to new and renewal policies effective May 1, 2005.

Adjusted to reflect all prior rate changes.

** Change in Company's premium level which will result from application of new rates.

DIVISION OF INSURANCE STATE OF ILLINOIS/IDFPR

MAY 0 1 2005

Name of Company:	AmCOMP Assurance Corporation
Offifial Name:	Melody A. Misiaszek
Title:	Vice Pres Regulatory & Compliance

WC-IL-2

	Change in Company's premium o	r rate level produced by rate revision effect	4-1 مح ive American Economy Insurance Company
	(1) <u>Coverage</u>	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1.	Automobile Liability Private Passenger		
	Commercial	·	
2.	Automobile Physical Damage Private Passenger Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		<u>-</u>
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		·
10.	Extended Coverage		
11.	Inland Marine		
12. 13.	Homeowners Commercial Multi-Peril		
14.	Crop Hail		
15.	Other Workers	\$2,763,598	+1.7%
10.	Compensations	w2,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	71.770
	Line of Insurance		
Does N/A		ry (territories) or certain classes? If so, spec	cify:
Add	description of filing. (If filing fol opting 01-01-05 National Council onew and renewal policies that are e	lows rates of an advisory organization, specton Compensation Insurance, Inc. (NCC)-aperfective on and after 04-01-05.	cify organization): proved loss costs and rating values
** (Adjusted to reflect all prior rate change in Company's premium levesult from application of new rates	el which will	
	1		merican Economy Insurance
		SPRINGFIELD, ILLINOIS	Name of Company
	Sho		. M. T. CDOULTE
		Official - Title	s M. Troy, CPCU Vice President

			4-1-05
(Change in Company's premium or	rate level produced by rate revision effe	
	(1)	(2) Annual Premium	(3) Percent
	Coverage	Volume (Illinois)*	<u>Change (+ or -)**</u>
1.	Automobile Liability		
	Private Passenger		
	Commercial		
2.	Automobile Physical Damage Private Passenger Commercial		
3.	Liability Other Than Auto		
3. 4.	Burglary and Theft		
5.	Glass		
5. 6.	Fidelity		· · · · · · · · · · · · · · · · · · ·
0. 7.	Surety		
7. 8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		<u> </u>
13.	Commercial Multi-Peril		
14.	Crop Hail		· · · · · · · · · · · · · · · · · · ·
15.	Other Workers	\$4,367,051	+1.5%
	Compensations		1.370
	Line of Insurance		
	iling only apply to certain territory	(territories) or certain classes? If so, sp	ecify:
N/A			
D-1-C4	leading of Cities of Cities Cities		
Adon	ting 01 01 05 National Council or	ows rates of an advisory organization, sp or Compensation Insurance, Inc. (NCC)-a	ecity organization):
for ne	ew and renewal policies that are ef	fective on and after 04.01.05	approved loss costs and rating values
101 110	w and renewal policies that are cr	iceave on and area 04-01-03.	
			
* Ac	ljusted to reflect all prior rate chan	iges.	
** Ch	ange in Company's premium leve	which will	
res	sult from application of new rates.	DIVISION OF INSURANCE	
		STATE OF ILLINOIS/IDFPR	
	į	FILED	
	ĺ	ADD 0.4 2005	American Caraca I
		1.1.1.0 1 2000	American States Insurance
	ļ	1 2	Company Of Company
	i	SERINGEIEI D. III INGIA	Name of Company
	L.	SPRINGFIELD, ILLINOIS	
		Thomas	as M. Troy, CPCU Vice President
		Official - Titl	e

ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

Change in Company's premium or rate level produced	by rate revision effective:	August 1, 2005
(1)	(2)	(3)
(1)	Annual Premium	Percent
<u>Coverage</u>	<u>Volume (Illinois)*</u>	<u>Change (+ or -)**</u>
1. Automobile Liability Private		
Passenger Commercial		
2. Automobile Physical Damage		
Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		· · ·
8. Boiler and Machinery	·	
9. Fire		-
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other Workers' Compensation	4,263,766	0.6%
Line of Insurance		
Does filing only apply to certain territory (territories)	or certain classes? If so, specify:	
		<u> </u>
Brief description of filing. (If filing follows rates of an		NCCI - File to introduce
Domestic Terrorism, Harthquakes and Catastrophic II	ndustiral Accidents. Refer to the Actuarial Mem	orandem
-		
*Adjusted to reflect all prior rate changes.		
**Change in Company's premium level which will rest	ult from application of new rates.	
•	• •	
	Consolidat	ed Insurance Company
		Name of Company
	/1	
	() am M	SER
		Official – Title

DIVISION OF INSURANCE STATE OF ILLINOIS/IDEPR

AUG 0 1 2005

Change in	n Company's premium or rate level produc	ed by rate revision effective:	April 15, 2005
	(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1.	Automobile Liability		
	Private Passenger		
_	Commercial		<u> </u>
2.	Automobile Physical Damage		
	Private Passenger		
	Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6. -	Fidelity		
7.	Surety		
8.	Boiler and Machinery		<u> </u>
9.	Fire Fire		
10.	Extended CopyrigHON OF INSURANCE Inland Marine STATE OF ILLINOIS/IDFPR		
11.	Inland Marine		
12.			
13.	Commercial Multi-Pepir 1 5 2005		
14.	Crop Hail	500,000	12.20/
15.	Worker's Compensation Other SPRINGFIELD, ILLINO!	583,000	+2.3%
16.	Other	-	
	Line of Insurance		
Does filin	g only apply to certain territory (territories)	or certain classes? If so, specify	<i>r</i> :
All territo	-		
	ription of filing. (If filing follows rates of	an advisory organization, specify	organization):
Adopted	NCCI 01/01/2005 rates and factors.		
* A 354	te reflect all major meta abangga		
	I to reflect all prior rate changes. in Company's premium level which		•
	ult from application of new rates.		
WIII IES	unt from application of new fates.		
		COUNTRY Casualty Insurance	Company
		Name of Company	
		P0.72	
		- No to	
		Ronald D. Pridgeon	
		Chief Property/Casualty Actuar	<u>y</u>
		Official and Title	

Change i	n Company's premium or rate level produc	ed by rate revision effective:	April 15, 2005
	(1)	(2) Annual Premium	(3) Percent Change
	Coverage	Volume (Illinois)*	(+ or -)**
1.	Automobile Liability		
	Private Passenger		
	Commercial		
2.	Automobile Physical Damage		
	Private Passenger		
	Commercial		
3.	Liability Other Than Auto INSURANCE		
4.	Durgiary and Telefie Or ILUNOS/IDEF		
5.	01033		
6.	Fidelity APR 1 5 2005		
7.	Burety		
8. 9.	Boiler and Machinery Fire CORINGEIELD II LINOIS		
9. 10.	Fire SPRINGFIELD, ILLINOIS Extended Coverage		
10.	Inland Marine	<u> </u>	
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Worker's Compensation	49,800,000	+3.0%
16.	Other		•
	Line of Insurance		
	g only apply to certain territory (territories)	or certain classes? If so, specify	:
l territo	nes		
iaf daga	ription of filing. (If filing follows rates of	an advisory organization, specify	organization):
	NCCI 01/01/2005 rates and factors. Down		
idopice	Theer on on 2003 faces and factors. Bown	invard do viación or 570 to 1570 or	110 00100104 0140000
	to reflect all prior rate changes.		
	in Company's premium level which		
will res	ult from application of new rates.		
		COUNTRY Mutual Insurance (Company
		Name of Company	
		MOUD.	
		P 11 P P 1	
		Ronald D. Pridgeon	m 1
		Chief Property/Casualty Actuar	<u>y</u>
		Official and Title	

ILLINOIS SUMMARY SHEET Form (RF-3)

revision effective(1)	July 1, 2005 (2)	(3)
	Annual Premium	Percent
Coverage	Volume (Illinois) *	Change (+ or -) *
Automobile Liability		
Private Passenger		
Commercial		
Automobile Physical Damage		
Private Passenger		
Commercial		-
Liability Other Than Auto		
Burglary and Theft		
Glass		
Fidelity		
Surety		
Boiler and Machinery		
Fire		
Extended Coverage		
Inland Marine		
Homeowners		
Commercial Multi-Peril		
Crop Hail		
Workers Compensation	\$7,239,220	-3.2%
Other	<u> </u>	
Line of Insurance		· · · · · · · · · · · · · · · · · · ·
Elite of insurance		
Does filing only apply to certain territor		
classes? If so, specify: No		
Drief description of filing (If filing follo	yes roton of an advisory	
Brief description of filing. (If filing follo	ws rates of all advisory	
organization, specify organization):	IOOL Table 7a	
(1) Change Premium Discount to match N	ICCI Table /a	

- * Adjusted to reflect all prior rate changes.
- ** Change in Company's premium level which will result from application of new rates.

DIVISION OF INSURANCE STATE OF ILLINOIS/IDEPT

SPRINGFIELD, ILLINOIS

Farmers Insurance Exchange
Name of Company

James J. Gebhard, FCAS, MAAA Actuary, Workers Compensation Official - Title

	(1) Cover <u>age</u>	(2) Annual Premium Volume (Illinois) *	(3) Percent <u>Change (+ or -) **</u>
1.	Automobile Liability		
2.	Private Passenger Commercial Automobile Physical Damage Private Passenger		
	Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	DIVISION OF INSURANCE Extended Coverage of Illinois/IDFPR		
11.	Inland Marine		
12.	Homeowners JUL 0 1 2005		
13.	Commercial Multi-Peril		
14.	Crop Hail SPRINGFIELD, ILLINOIS		
15.	Other Workers' Compensation	13,806,401	-0.1%
١٠.	Line of Insurance		
Doe	es filing only apply to certain territory (terr	itories) or certain classes? If s	o, specify:
٧	ef description of filing. (If filing follows rat We have made some revisions to the devi In our premium level.		
** (Adjusted to reflect all prior rate chang Change in Company's premium level which will result from application of new rates.	ch F	ederated Mutual Ins. Co.
		Brad Hans	son – Vice President
		0	fficial – Title

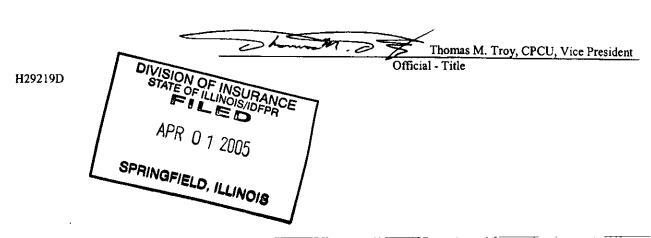
Change in Company's premium or rate level produced by rate revision effective
July 1, 2005 .

	(1)	(2) Annual Premium Volume (Illinois) *	(3) Percent Change (<u>+ or -) **</u>
	<u>Coverage</u>	Volume (minois)	Charige (· or -1
1.	Automobile Liability Private Passenger		
2.	Commercial Automobile Physical Damage Private Passenger		
	Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety INSURANCE		
8. 9.	Surety Boiler and Maon OF INSURANCE Fire STATE OF IXINOISIDEPH COORS		
10.	Extended Coverage 0 1 2005		
11.	Inland Marine		
12.	Homedwiners T. D. ILLINOIS		
13.	Commercial String-Peril		
14.	Inland Marine Homeowners Commercial Skill-Peril Crop Hal		
5.	Other Workers' Compensation	80,269	-0.1%
٠٠.	Line of Insurance		
Doe _ <u>N</u>	0 6-87	1	so, specify:
_		VIIID	
	of description of filing. (If filing foliates is	les of an advisory organization	
().1% change in our premium level.		
_			
** (Adjusted to reflect all prior rate chang change in Company's premium level whi vill result from application of new rates.	ich	
			ederated Service Ins. Co. ne of Company
			son – Vice President
			Official - Title

	(1)	(2)	(3)
	<u>Coverage</u>	Annual Premium Volume (Illinois)*	Percent Change (+ or -)**
1.	Automobile Liability		
	Private Passenger		
	Commercial		
2.	Automobile Physical Damage		
	Private Passenger		
	Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other Workers Compensation	\$3,532,800*	4.5%
	*(Direct WP	as of calendar year ending 12/2004)	
)nes fi	iling only apply to certain territory (territ	ories) or certain classes? If so specify	
	and only apply to certain territory (territ	ottes) of cerum classes. It so, specify.	
Does fi No.	*(Direct WP a iling only apply to certain territory (territ	,	

- * Adjusted to reflect all prior rate changes.
- ** Change in Company's premium level which will result from application of new rates.

First National Insurance Company of America
Name of Company



Thomas M. Troy, CPCU Vice President

Official - Title

			4-1-05
•	Change in Company's premium or re	ate level produced by rate revision effective	General Insurance Company of America
	(1)	(2) Annual Premium	(3) Percent
	Coverage	Volume (Illinois)*	Change (+ or -)**
1.	Automobile Liability Private Passenger Commercial		
2.	Automobile Physical Damage Private Passenger Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass	 	
6.	Fidelity	<u>, , , , , , , , , , , , , , , , , , , </u>	
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other Workers	\$1,759,540	+1.6%
	Compensations Line of Insurance		
	Eme of manage		
Does f	iling only apply to certain territory (territories) or certain classes? If so, specify:	
N/A		,	
Adop	description of filing. (If filing follow ting 01-01-05 National Council on the ew and renewal policies that are effe	vs rates of an advisory organization, specify of Compensation Insurance, Inc. (NCC)-approve ective on and after 04-01-05.	organization): ed loss costs and rating values
		 	
		, , , , , , , , , , , , , , , , , , ,	·
** Cl	djusted to reflect all prior rate chang nange in Company's premium level v sult from application of new rates.		
		DIVIDION OF COMME	
		DIVISION OF INSURANCE STATE OF ILLINOIS/IDEPR Genera	l Insurance Company of
		Americ	a
		APR 0 1 2005	Name of Company
		1	

ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective:		August 1, 2005	
(1)	(2)	(3)	
(*)	Annual Premium	Percent	
C		Change (+ or -)**	
Coverage	Volume (Illinois)*	Change (+ or -1.	
Automobile Liability Private			
Passenger Commercial			
2. Automobile Physical Damage	***		
Private Passenger Commercial			
3. Liability Other Than Auto			
4. Burglary and Theft			
5. Glass			
6. Fidelity		-	
7. Surety			
8. Boiler and Machinery			
9. Fire			
10. Extended Coverage			
11. Inland Marine			
12. Homeowners			
13. Commercial Multi-Peril	· · · · · · · · · · · · · · · · · · ·		
14. Crop Hail			
15. Other Workers' Compensation	7,400,285	0.6%	
Line of Insurance			
-			
Does filing only apply to certain territory (territories) o	r certain classes? If so, specify:		
Brief description of filing. (If filing follows rates of an		NCCI - File to introduce	
Domestic Terrorism, Earthquakes and Catastrophic In	dustiral Accidents. Refer to the Actuarial Men	norandum	
*Adjusted to reflect all prior rate changes.			
**Change in Company's premium level which will resu	lt from application of new rates.		
	Latina	L	
	Indian	A Insurance Company Name of Company	
		traine or company	
	James	USAJ6	
		Official – Tide	

DIVISION OF INSURANCE STATE OF ILLINOIS/IDFPR

AUG 0 1 2005

SUMMARY SHEET

	Change in Company's premium or rate	level produced by rate revision effective	1/05/05
	(1)	(2) Annual Premium	(3) Percent
	Coverage	Volume (Illinois)*	<u>Change (+ or -)**</u>
1.	Automobile Liability Private Passenger		
	Commercial		
2.	Automobile Physical Damage Private Passenger Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other Workers'	52,640	-0.1%
	Compensation		
	Line of Insurance		
Does f	iling only apply to certain territory (ter	ritories) or certain classes? If so, specify:	
	description of filing. (If filing follows Loss Costs IL LS 2004-05 01/01/05	rates of an advisory organization, specify of	organization):
** C	djusted to reflect all prior rate changes hange in Company's premium level wh sult from application of new rates.		
		JAN 0 1 2005 Lore S Compa	
		SPRINGFIELD, ILLINOIS	Name of Company

Tonya J. Burroughs, Compliance Analyst

Official - Title

ILLINOIS SUMMARY SHEET Form (RF-3)

	revision effective	July 1, 2005	<u> </u>
	(1)	(2)	(3)
	_	Annual Premium	Percent
	Coverage	Volume (Illinois) *	Change (+ or -) *
	Automobile Liability		
	Private Passenger		
	Commercial		
	Automobile Physical Damage		
	Private Passenger		
	Commercial		
	Liability Other Than Auto		•
	Burglary and Theft		
	Glass		·
	Fidelity		
	Surety		
	Boiler and Machinery		
	Fire		
	Extended Coverage		
	Inland Marine		
	Homeowners		
	Commercial Multi-Peril		**
	Crop Hail		
	Workers Compensation	\$4,113,732	-2.8%
	Other	<u> </u>	-2.070
	Line of Insurance		
	Line of insurance		
	Does filing only apply to certain territory (ter	ritories) or certain	
	lasses? If so, specify: No	,	
	· • • • • • • • • • • • • • • • • • • •		
			
E	Brief description of filing. (If filing follows rate	tes of an advisory	
	organization, specify organization):	•	
(1) Change Premium Discount to match NCCI T	able 7a	
_			·
_			

Adjusted to reflect all prior rate changes.

Change in Company's premium result from application of new DIVISION OF INSURANCE STATE OF ILLINOIS/IDFPR

JUL 0 1 2005

SPRINGFIELD, ILLINOIS

Mid-Century Insurance Company Name of Company

James J. Gebhard, FCAS, MAAA Actuary, Workers Compensation
Official - Title

ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

Change in Company's premium or rate level	produced by rate revision effective	May 15, 2005
(1) <u>Coverage</u>	(2) Annual Premium <u>Volume (Illinois)*</u>	(3) Percent <u>Change (+ or -)**</u>
Automobile Liability Private		
Passenger Commercial		
Automobile Physical Damage		
Private Passenger Commercial		
Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
o =:		
7 Compt.		
Roller and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other Workers' Compensation	\$869,221	
Line of Insurance		
Does filing only apply to certain territory (terr	itories) or certain classes? If so, specify:	
Brief description of filing. (If filing follows rate Domestic Terrorism (B-1393)	es of an advisory organization, specify org	
*Adjusted to reflect all prior rate changes. **Change in Company's premium level which	n will result from application of new rates.	
		ee Casualty Ins. Co.
	N	ame of Company
	Jon Zetlau- Bureau	& Forms Compliance Manager Official – Title
		Onicial = Title

DIVISION OF INSURANCE STATE OF ILLINOIS/IDEPR

MAY 1 5 20**05**

ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

Change in Company's premium or rate level	produced by rate revision effective	May 15, 2005
(1) <u>Coverage</u>	(2) Annual Premium <u>Volume (Illinois)*</u>	(3) Percent <u>Change (+ or -)**</u>
Automobile Liability Private		
Passenger Commercial		
2. Automobile Physical Damage		
Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
9. Fire		
10. Extended Coverage	· · · · · · · · · · · · · · · · · · ·	
11. Inland Marine		
13. Commercial Multi-Peril	-	
14. Crop Hail	\$4,584,877	0.02
15. Other Workers' Compensation Line of Insurance	\$4,564,611	0.02
Does filing only apply to certain territory (territory) Brief description of filing. (If filing follows rate Domestic Terrorism (B-1393)		organization): <u>Adopting NCCI Rule for</u>
*Adjusted to reflect all prior rate changes.		
**Change in Company's premium level which	h will result from application of new rates	i.
	Milwa	aukee Insurance Co.
		Name of Company
	Jon Zetlau- Burea	u & Forms Compliance Manager
		Official – Title

DIVISION OF INSURANCE STATE OF ILLINOIS/IDEPR

MAY 1 > 2005

ILLINOIS DEPARTMENT OF INSURANCE

CII	RA I	МΑ	DV	eц	EET
JU	IVI	אועו	I Z	ЭΠ	

(1)	(2) Annual Premium	(3) Percent
Coverage	Volume (Illinois)*	<u>Change (+ or -)**</u>
. Automobile Liability Private		
Passenger Commercial		
Automobile Physical Damage Private Passenger Commercial		
Liability Other Than Auto		
Burglary and Theft		
Glass		
Fidelity		
Surety		
Boiler and Machinery		
Fire		
). Extended Coverage		
I. Inland Marine		
2. Homeowners		
B. Commercial Multi-Peril		
I. Crop Hail		
. Other Workers' Compensation	1, 747, 778	0.0/
Line of Insurance		
rief description of filing. (If filing follows rates ling B-1393 (D-Tec). We are also apple are requesting an effective date of A	ying a loss cost multiplier to the	•
are requesting an effective date of A	ugust 1, 2000.	
Adjusted to reflect all prior rate changes. Change in Company's premium level which	will result from application of new rate	S.
	Nationwide Mu	tual Fire Insurance Company
		Name of Company
	<u>Duane Hartley</u>	y - State Filing Specialist
		Official – Title
		Official - Title OF INSURANCE OF ILLINOIS/IDFPR

ILLINOIS DEPARTMENT OF INSURANCE

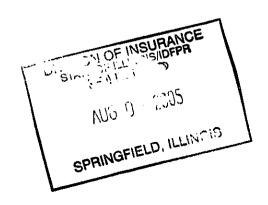
Change in Company's premium or rate level produced b	y rate revision effective	August 1, 2005
(1) Ann	(2) ual Premium	(3) Percent
<u>Coverage</u> <u>Volu</u>	ıme (Illinois)*	<u>Change (+ or -)**</u>
Automobile Liability Private		
Passenger Commercial		
2. Automobile Physical Damage		
Private Passenger Commercial		
B. Liability Other Than Auto		
Burglary and Theft		
5. Glass		
5. Fidelity		
7. Surety		
B. Boiler and Machinery		
). Fire		
I0. Extended Coverage		
I1. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
I4. Crop Hail		
	1, 747, 778	0,01
Line of Insurance		
Does filing only apply to certain territory (territories) or c	ertain classes? If so, specif	y: <u>No</u>
Brief description of filing. (If filing follows rates of an adv		
Filing B-1393 (D-Tec). We are also applying a lo		e Illinois loss cost factor.
le are requesting an effective date of August 1,	2005.	·
Adicated to reflect all prior rate aboves		
Adjusted to reflect all prior rate changes. *Change in Company's premium level which will result	from application of now rate	26
Change in Company's premium lever which will result	from application of new rate	55.
	Nationwide	e Mutual Insurance Company
	144 1011 14 14	Name of Company
	Duane Hartle	ey - State Filing Specialist
		Official – Title



o' Form (RF-3)

ILLINOIS DEPARTMENT OF INSURANCE

Change in Company's premium or rate level	produced by rate revision effective	August 1, 2005
(1) <u>Coverage</u>	(2) Annual Premium Volume (Illinois)*	(3) Percent <u>Change (+ or -)**</u>
Automobile Liability Private		
Passenger Commercial		
2. Automobile Physical Damage		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers' Compensation</u> Line of Insurance	1, 747, 778	0.01
Does filing only apply to certain territory (terr	itories) or certain classes? If so, specify: N	0
Brief description of filing. (If filing follows rate Filing B-1393 (D-Tec). We are also app We are requesting an effective date of	lying a loss cost multiplier to the I	
*Adjusted to reflect all prior rate changes. **Change in Company's premium level whicl	n will result from application of new rates.	
	Nationwide Property	& Casualty Insurance Company
		me of Company
	Duane Hartley -	State Filing Specialist Official - Title
		Oniciai Title



ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective:		August 1, 2005	
	(1)	(2) Annual Premium	(3) Percent
	<u>Coverage</u>	<u>Volume (Illinois)*</u>	<u>Change (+ or -)**</u>
1. Automobile	Liability Private		
	assenger Commercial		
	Physical Damage		
	rivate Passenger Commercial		
3. Liability Oth			
4. Burglary and			
5. Glass			
6. Fidelity			
7. Surety			
8. Boiler and M	lachinery		-
9. Fire	,		
10. Extended Co	overage		
11. Inland Maria	8		_ -
12. Homeowner	rs		
13. Commercial	l Multi-Peril		
14. Crop Hail			
15. Other	Workers' Compensation	12,935,451	0.6%
	Line of Insurance		
Does filing only	apply to certain territory (territories) c	or certain classes? If so, specify:	
Brief description	n of filing Af filing follows rates of an	advisory organization, specify organization):	NCCI - File to introduce
		idustiral Accidents. Refer to the Actuarial Memo	
Domestic Terri	risii, i artiiquakes and catasteepine ii	industrial recording. Never to the recording press.	TRACTION OF THE PROPERTY OF TH
	flect all prior rate changes. ompany's premium level which will resu	ılt from application of new rates.	
		The Netherla	nds Insurance Company
			ame of Company
		<i>Oom</i> n	& Blake
			Official – Tide

DIVISION OF INSURANCE STATE OF ILLINOIS/IDEPR

AUG 0 1 2005

SUMMARY SHEET

	Change in Company's premium or rate	level produced by rate revision effective	January 1, 2005
	(1)	(2)	(3)
	<u>Coverage</u>	Annual Premium Volume (Illinois)*	Percent Change (+ or -)**
1.	Automobile Liability Private Passenger		
	Commercial		
2.	Automobile Physical Damage		
٠.	Private Passenger		
	Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other Workers' Compensation Line of Insurance	\$0	+.1%
Does N/A		ritories) or certain classes? If so, specify:	
		<u></u>	
Ove	description of filing. (If filing follows reall premium level change +.1% o Farmers Insurance Company #228-24	rates of an advisory organization, specify of	organization):

- * Adjusted to reflect all prior rate changes.
- ** Change in Company's premium level which will result from application of new rates.



Ohio Farmers Insurance Co.
Name of Company

Cassie VanValkenburgh Production Specialist Product Management

Official - Title

ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective:		August 1, 2005	
(1)	(2) Annual Premium	(3) Percent	
<u>Coverage</u>	Volume (Illinois)*	Change (+ or -)**	
1. Automobile Liability Private			
Passenger Commercial			
2. Automobile Physical Damage			
Private Passenger Commercial			
3. Liability Other Than Auto			
4. Burglary and Theft			
5. Glass		•	
6. Fidelity			
7. Surety			
8. Boiler and Machinery			
9. Fire			
10. Extended Coverage			
11. Inland Marine			
12. Homeowners		<u></u>	
13. Commercial Multi-Peril			
14. Crop Hail			
15. Other Workers' Compensation	0	0.6%	
Line of Insurance			
Does filing only apply to certain territory (territories) o	r certain classes? If so, specify:		
Brief description of filing. (If filing follows rates of an		NCCI - File to Introduce	
Domestic Terrorism, Earthquakes and Catastrophic In	dustrial Accidents. Refer to the Actuarial Men	norandum.	
*Adjusted to reflect all prior rate changes. **Change in Company's premium level which will resu	lt from application of new rates.		
	Peerless Inde	emnity Insurance Company	
		Name of Company	
	Janny	5111	
		Official - Title	

AUG 0 1 2005

SPRINGFIELD, ILLINOIS

ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective:		August 1, 2005	
(1)	(2)	(3)	
、 ,	Annual Premium	Percent	
<u>Coverage</u>	Volume (Illinois)*	<u>Change (+ or -)**</u>	
1. Automobile Liability Private			
Passenger Commercial			
2. Automobile Physical Damage			
Private Passenger Commercial			
3. Liability Other Than Auto			
4. Burglary and Theft			
5. Glass			
6. Fidelity			
7. Surety			
8. Boiler and Machinery			
9. Fire			
10. Extended Coverage			
11. Inland Marine			
12. Homeowners			
13. Commercial Multi-Peril			
14. Crop Hail			
15. Other Workers' Compensation	3,978,457	0.6%	
Line of Insurance			
Does filing only apply to certain territory (territories)	or certain classes? If so, specify:		
Brief description of filing. (If filing follows rates of an Domestic Terrorism, Earthquakes and Catastrophic I		NCCI - File to introduce	
*Adjusted to reflect all prior rate changes. **Change in Company's premium level which will res	Peerless	s Insurance Company	
	James	Name of Company 1. Blalk	
		Official Title	

DIVISION OF INSURANCE STATE OF ILLINOIS/IDEPR

AUG 0 1 2005

ILLINOIS SUMMARY SHEET

FORM RF-3

(1)	(2)	(3)
Coverage	Annual Premium Volume (Illinois)*	Percent Change (+ or)*
Automobile Liability	, cieme (iiimeie,	g-(,
Private Passenger		
Commercial		
Automobile Physical Damage		
Private Passenger		
Commercial		
Liability Other than Auto	<u></u>	
Burglary and Theft		
Glass		
Fidelity		
Surety		
Boiler and Machinery		
Fire	<u> </u>	
Extended Coverage		
Inland Marine		
Homeowners		
Commercial Multi-Peril		
Crop Hail		
Workers Compensation	\$7,000,000	0.02+
Other		
Line of Insurance		
	-) an anadain alannan Olf an annaife Na	
s filing only apply to certain territory (territories	s) or certain classes? It so, specify No	
f description of filing (if filing follows rates of a	n advisory organization, specify organiza	ation) Adoption of NCC
s and Rating Values		

Change in Company's premium level which will result from application of new rates.

Reinsurance Company of America, Inc. Name of Company

James M. Kernan, President Official — Title

DIVISION OF INSURANCE STATE OF ILLINOIS/IDEPR

JAN 0 1 2005

_Form≾RF-3)

ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

Change in Company's premium or rate level	produced by rate revision effective	May 15, 2005
(1) Cover <u>age</u>	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
Coverage	voidine (illinois)	Change (1 Or -)
Automobile Liability Private		
Passenger Commercial		
Automobile Physical Damage		
0 Linking Out		
4. Burglary and Theft		
5 Class		
6. Fidelity		
7. Surety	-	
8. Boiler and Machinery	-	
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		· · · · · · · · · · · · · · · · · · ·
15. Other Workers' Compensation	\$5,134	0.02
Line of Insurance	φ3,134	0/
End of modification		
Does filing only apply to certain territory (terri	itories) or certain classes? If so, specify:	
a coo many appropriate control of the control of th	······································	
Brief description of filing. (If filing follows rate	s of an advisory organization, specify organization	anization): Adopting NCCI Rules for
*Adjusted to reflect all prior rate changes.		
**Change in Company's premium level which	will result from application of new rates.	
	Trinity	Universal Ins. Co.
	Na	me of Company
	Jon Zetlau- Bureau	& Forms Compliance Manager
	•	Official – Title

DIVISION OF INSURANCE STATE OF ILLINOIS/IDEAD

MAY 1 5 2005

ILLINOIS SUMMARY SHEET Form (RF-3)

	revision effective	July 1, 2005 (2)	(3)
	(1)	Annual Premium	Percent
	Coverage	Volume (Illinois) *	Change (+ or -) *
	Automobile Liability		
	Private Passenger		
	Commercial		
	Automobile Physical Damage		
	Private Passenger		
	Commercial		
	Liability Other Than Auto		
	Burglary and Theft	•	
	Glass		
	Fidelity		
	Surety		
	Boiler and Machinery		
	Fire		
	Extended Coverage		
	Inland Marine		
	Homeowners	·	
	Commercial Multi-Peril		
	Crop Hail		
	Workers Compensation	\$15,043,691	-2.2%
	Other		
	Line of Insurance		
C	Does filing only apply to certain territory (te classes? If so, specify: No		
-	classes? If so, specify: No		
	Brief description of filing. (If filing follows ra	ates of an advisory	
	organization, specify organization): 1) Change Premium Discount to match NCCL	Table 7a	
7	i) change Fremium Discount to match NCCI	i abie 7 a	
_			
_			

- * Adjusted to reflect all prior rate changes.
- ** Change in Company's premium level which will result from application of new rates.



	Change in Company's premium or rate	January 1, 2005	
	(1)	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
	<u>Coverage</u>	volume (mmois)	Change (+ or -)
1.	Automobile Liability		
	Private Passenger		
	Commercial		
2.	Automobile Physical Damage		
	Private Passenger		
	Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other Workers' Compensation	\$16,638,976	+.1%
	Line of Insurance		
.	Clina and a series to series and the	mitanias) as asstain alagang. If an assaifu	
Does N/A	-	ritories) or certain classes? If so, specify:	
19/25			
		4	
Driaf	description of filing (If filing follows a	rates of an advisory organization, specify o	arganization).
	erall premium level change +.1%	rates of all advisory organization, specify o	inguiniation).
	stfield Insurance Company #228-24112		
_		<i>j</i> -	VISION OF INSURANCE STATE OF ILLINOIS/IDFPR
* /	Adjusted to reflect all prior rate changes.		NSUB NSUB
** (Change in Company's premium level wh	ich will	MOIS/IDFRICE
r	esult from application of new rates.	/	MAI
		/	"" U 7 200c /
		Spp.,	IGE Insurance Co. Name of Computar
		J. HIN	GFIELD /
		Wesser	eld Insurance Co.
			Name of Company
		Cassie	VanValkenburgh
			tion Specialist
			t Management
		····	Official - Title

(Change in Company's premium or rate	level produced by rate revision ef	fective January 1, 2004
	(1)	(2) Annual Premium	(3) Percent
	<u>Coverage</u>	Volume (Illinois)*	<u>Change (+ or -)**</u>
1.	Automobile Liability Private Passenger		
	Commercial		
2.	Automobile Physical Damage Private Passenger		
2	Commercial		
3.	Liability Other Than Auto		
4. 5.	Burglary and Theft Glass		
6. 7.	Fidelity		
7. 8.	Surety Boiler and Machinery		
9.	Fire		
9. 10.	Extended Coverage		
10.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other Workers' Compensation	\$1,512,382	+.1%
10.	Line of Insurance	,,-	
Over	lescription of filing. (If filing follows a	iled deviation of 1.25 from the NO	specify organization): CCI loss costs for policies written in
West	field National Insurance Company #22	28-24120	DIVISION OF INSURANCE
			STATE OF ILLINOIS/IDEPR
			6-01-1-1-2
* Adjusted to reflect all prior rate changes. ** Change in Company's premium level which will			JAN 0 2005
result from application of new rates.		SPRINGFIELD, ILLINOIS	
	U,	5 in	Westfield National Insurance Co. Name of Company
		JAN 0 1 2005	. ,
	,		Cassie VanValkenburgh Production Specialist Product Management Official - Title
H2921	9D		Official - Thie